

Rebuilding intimacy following infidelity

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Although the majority of adults in contemporary society seek out committed relationships that provide a sense of belonging and security, many couples have to face the devastating effects of infidelity. One critical area of a couple's relationship that is significantly impacted by infidelity is intimacy. Although difficult, many couples choose to stay together following the discovery of infidelity, and they often seek the assistance of a professional therapist to help them work through the healing process and to rebuild intimacy. WEEKS and FIFE present four critical areas that therapists may focus on to help couples restore intimacy and reduce a couple's vulnerability to infidelity in the future. As therapy addresses issues of safety, trust, communication and fears of intimacy, couples may regain the closeness and connection that was lost with infidelity.

Many societies have witnessed changes in patterns of coupling and marriage during the past several decades. For example, in Australia the percentage of couples who cohabited prior to marriage rose from 16 per cent in 1975 to 71 per cent in 2000 (Qu & Weston, 2001). Furthermore, the percentage of adults never marrying in Australia increased from 10 per cent in the 1950's and 60's to approximately 25 per cent in 2000 (Marriage and Family Encyclopedia, 2009). Although patterns of marriage are changing, the majority of adults in contemporary Australian society continue to seek out romantic relationships characterized by long-term commitment (Weston & Qu, 2007).

A committed, loving relationship provides the opportunity for intimate connection between two people. Those in such a relationship hope to experience a sense of belonging, with the associated commitment and loyalty providing a sense of security and stability (Weeks, Gambescia & Jenkins, 2003; Worthington, 1998).

Committed relationships typically entail an implicit or explicit promise of fidelity and exclusivity. Although the specific details may vary from couple to couple, commitment often includes fidelity related to both sexual and emotional intimacy. A commitment to sexual and emotional fidelity serves to regulate the interaction within the partnership, as well as interactions with those outside of the relationship (Fife, Weeks & Gambescia, 2007). Sexual and emotional loyalty helps define the relationship as unique and exclusive.

In spite of the stated or implicit commitment to exclusivity, the desired stability and security in many relationships can be seriously challenged with infidelity. *'Infidelity is any form of betrayal to the implied or stated contract between partners regarding intimate exclusivity. With infidelity, emotional and/or sexual intimacy is diverted away from the committed relationship without the other partner's consent'* (Fife et al., 2007, p. 101). Infidelity is one of the most serious and damaging events for a

relationship (Blow & Hartnett, 2005; Whisman, Dixon & Johnson, 1997). It typically brings about relationship instability, leads to a loss of trust, results in increased conflict, and significantly damages a couple's sense of togetherness (Charny & Parnass, 1995; Agnew, Van Lange, Rusbult & Langston, 1998).

Because of the variety and intensity of problems that arise, many couples seek out therapy following the discovery of infidelity (Glass, 2000; Glass & Wright, 1997). In a survey of clinical members of the *American Association of Marriage and Family Therapy* (AAMFT), as many as 46 per cent of all clients indicated they had an affair at some point during the relationship (Humphrey, 1987). A sample of therapists surveyed by Whisman et al. (1997) regarded infidelity as the most damaging presenting problem in couples therapy, next to physical abuse. In another study by Amato and Previti (2003), infidelity was the most common reason given for divorce. Infidelity can give rise to

a multitude of complex individual, relational and family problems (Blow & Hartnett, 2005; Gordon, Baucom & Snyder, 2004). Yet, in spite of its prevalence and the widespread

relational and family-of-origin issues. It also encourages appropriate flexibility and contextual sensitivity, which allows therapists to tailor assessment and treatment to the unique

- *individual risk factors*: individual partners bring their own beliefs, expectations, defense mechanisms, etc. to the relationship;
- *the couple's relationship dynamics*: couples develop patterns in their relationship related to communication styles, conflict resolution, roles, etc;
- *family of origin influences*: each partner is influenced by his or her family of origin.

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recognition of the harmful individual and relationship consequences, many therapists feel unprepared to work with couples dealing with this difficult problem.

The Intersystem's Approach to treating infidelity

With the individual and relationship challenges associated with infidelity, it is critical that therapists are knowledgeable about the process of treatment and healing. Weeks et al. (2003) offer a comprehensive systemic approach for treating couples seeking therapy for infidelity. This model is based on the Intersystem's Approach (Weeks, 1994), an integrative approach to couples therapy that provides a useful theoretical framework for conceptualizing clients' problems and treatment guidelines for therapists. It does so by assimilating theory and techniques related to individual,

situation of each couple (Fife, Weeks & Gambescia, 2008).

With a systemic world view at its foundation, the intersystem's approach views partners' interactions as fundamentally reciprocal and interdependent. Typically, infidelity occurs in a context in which the relationship is suffering in some way. Therefore, infidelity is best conceptualized as a relationship issue, even if it is clear that one partner had an affair. This perspective helps focus therapists' attention on the couple and helps facilitate greater participation by both partners in therapy. Both have suffered, and both must engage in the treatment process if relationship healing is to occur.

The focus of the intersystem's approach is on three interconnected aspects of assessment and treatment (Weeks & Treat, 2001):

Given there is likely to be some relationship between individual, couple and family of origin issues, therapy may address each of these aspects concurrently.

Weeks and his colleagues (2003) utilized the intersystem's approach as a foundation for their comprehensive treatment model for infidelity. This model includes several important aspects of treatment:

- crisis management;
- dealing with emotions;
- determining level of commitment to the relationship and/or to therapy;
- establishing accountability and trust;
- finding common meaning for the infidelity;
- facilitating forgiveness;
- treating factors that contributed

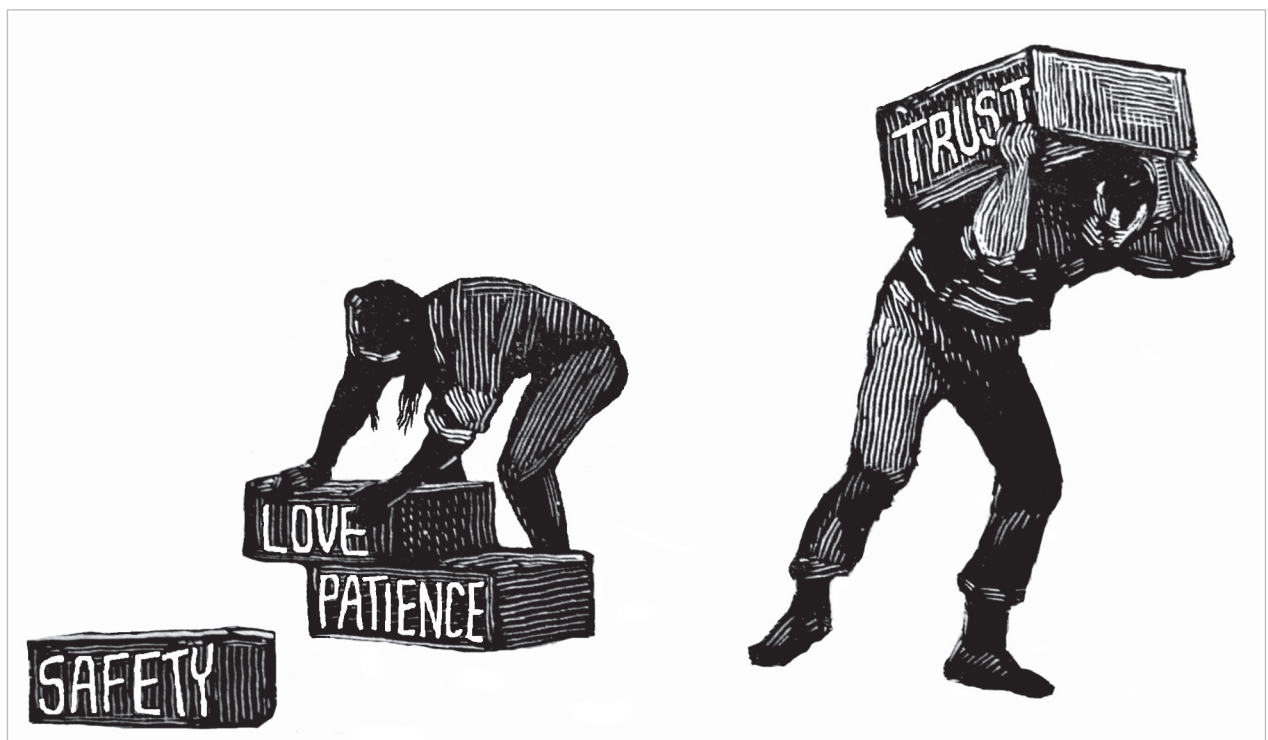


Illustration: Savina Hopkins

to infidelity;

- promoting intimacy through communication.

Although the phases are presented sequentially, there is significant overlap and interconnection between them, and flexibility in moving between stages is required in actual practice. This article has a specific focus on those aspects of treatment that help promote and rebuild intimacy. We have discussed the eight steps above as a whole in other publications on the treatment of infidelity (Fife et al., 2008; Weeks et al, 2003). However, we have not addressed rebuilding intimacy specifically.

Rebuilding intimacy

In order to heal successfully from infidelity, a couple must pass through a long and demanding journey that requires commitment, patience and perseverance. The process of rebuilding intimacy described below is not a comprehensive approach to treating infidelity. Rather, it is an essential part of the larger healing process.

For couples to begin rebuilding intimacy following an affair, therapists must first help them to navigate through the crisis and intense emotions that typically accompany the discovery of infidelity. Therapists should begin to work on intimacy *only* after couples have dealt with the initial emotional crisis and have affirmed their desire to reconcile and to work on the marriage in therapy. Other steps, such as forgiveness, are essential to the process of healing and help prepare the ground for intimacy to be nurtured and regenerated.

The importance of intimacy

Intimacy is considered by many to be an essential aspect of human experience. Seminal writers such as Erickson (1950) and Bowlby (1958) proposed that intimacy is a significant dimension of human development. Others have argued that we have an inherent, universal need for closeness and connection with others (Aplerin, 2001; Popvic, 2005), particularly within couple and family relationships (Butler, Harper & Seedall, 2009; Downey, 2001). The prevalence of dating, coupling, courtship and marriage across cultures attests to the

seemingly universal desire for close connection to another.

Intimate relationships are an important part of adulthood for many individuals. Mirgain and Cordova (2007) argue that *'intimate relationships are the principal arena within which adults live out their emotional lives'* (p. 983). Intimacy brings both individual and relationship satisfaction and is considered to be the principle factor associated with health, adaptability, happiness and sense of meaning in

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adulthood (Popovic, 2005). Intimate relationships involve intimate sharing and typically include the expectation that the relationship will continue over time (Schaefer & Olson, 1981). Building on these ideas, we understand intimacy to include *'feelings of closeness or connection, mutual concern for the well-being of the other person, feelings of trust and safety, honesty and openness, and the reciprocal giving and receiving of support'* (Fife et al, 2008, p. 321).

Typically, intimacy is developed over time as a couple increases the depth of emotional and physical sharing in their relationship. This requires partners to make themselves vulnerable with each other and trust one another (Martin & Ashby, 2004). It is usual for partners in committed relationships to share themselves emotionally and physically with the expectation that the other is not sharing the same kind of closeness concurrently with any one else. There is a spoken or unspoken promise of fidelity that underscores the level of vulnerability, trust and intimacy between the two.

Infidelity is a severe violation of the promise between partners to remain faithful. It is the betrayal of commitment and the loss of safety in the relationship that make infidelity so damaging (Butler et al., 2009). Critical boundaries have been violated, and

trust has been broken. An affair can undermine a couple's sense of safety, which destroys their closeness and the ability to be vulnerable with each other. Therapists working with couples must recognize the significant damage to intimacy caused by infidelity and be prepared to help couples work to rebuild closeness and connection in their relationship. Assisting couples in the restoration of intimacy requires that therapists focus on problem-solving and promoting growth (Weeks

& Treat, 2001). It involves removing barriers to the recovery of intimacy, as well as helping the couple to create increased closeness and connection. Intimacy can be rebuilt as therapists and couples attend to four important domains: *safety, trust, communication, and fears of intimacy.*

Safety

Infidelity has a significant impact on the betrayed partner's sense of safety in the relationship (Glass, 2000). A world that was relatively secure and predictable has been turned upside down. Betrayed partners have been burned, and they are naturally cautious about allowing themselves to get close to their partner and making themselves vulnerable again. Increased emotional vulnerability brings an increased sensitivity to be hurt by one's partner (Butler et al., 2009; Mirgain & Cordova, 2007). However, a restoration of intimacy requires that couples regain the ability to be interpersonally vulnerable with each other. Therefore, it is important that therapists create a therapeutic environment that is safe so that individual and interpersonal barriers to intimacy can be removed and seeds of interpersonal closeness, connection, and support can be planted and nourished.

A safe environment in which

partners feel comfortable to take risks with each other can be developed through the clinician's empathic, patient and supportive behaviors (Aplerin, 2006). Limiting or interrupting interpersonal attacks or otherwise hostile behavior between the couple is also essential to creating a safe place for the couple to be vulnerable with one another. Infidelity often gives rise to intense negative emotions such as anger, bitterness and resentment. Partners may feel a desire to retaliate and inflict suffering on the one that betrayed them. Of course, such emotions and behaviors will not facilitate the growth of intimacy, and therapists must learn to redirect clients to more constructive emotions and behaviors. As partners develop confidence that the therapist will maintain a safe environment, they will be more comfortable in taking emotional risks with each other.

Although therapists have an important role in establishing a safe environment, they must shift the source of safety away from themselves to the couple. Ultimately, partners must provide a safe environment for each other, rather than being dependent upon the therapist. This will help them increase their interpersonal vulnerability and develop a better foundation upon which to rebuild intimacy. An effective means of helping couples create a safe environment is through therapist-coached couple interactions (Butler & Gardner, 2003; Davis & Butler, 2004). The process of sharing emotions in non-attacking and non-accusatory language, accompanied by empathic listening and reflecting, often results in mutual softening and increased intimacy between partners. This process is described in more detail in the section below on *communication*. Safety and intimacy can also be enhanced through the use of emotionally focused therapy (EFT) for couples (Johnson, 2004; Johnson & Greenman, 2006). EFT provides therapists with guidelines and effective interventions to help clients learn to identify and express their primary emotions (e.g., hurt, sadness, fear, etc.) rather than secondary emotions such as anger or resentment. Feelings of safety and security in the relationship may grow as couples are encouraged

to share such vulnerable primary emotions with each other, rather than hostile secondary emotions that tend to create emotional distance. Therapists may initially facilitate the safety necessary for couples to share their emotional experiences with each other, but clients eventually assume responsibility for this themselves.

Trust

Similar to the construct of safety, intimacy in a committed relationship is tied closely to the ability of a couple to trust each other. A violation of a couple's commitment to emotional and sexual exclusivity constitutes a significant breach of trust and, because of the interdependent nature of intimacy and trust, typically results in a loss of intimacy (Charny & Parnass, 1995; Fife et al, 2008). Repeated

violations tend to compound the problem, especially after one partner has promised that the infidelity will not reoccur.

Therefore, a critical aspect of rebuilding intimacy is the restoration of trust. Trust is rebuilt as therapists help clients develop a sense of increased openness and accountability with each other (Bird, Butler & Fife, 2007). Bird et al. (2007) found that the offending partner must be willing to make sacrifices and consistent changes in order to demonstrate that they are committed to the relationship and worthy of trust. They need to be willing to comply with their partner's requests for accountability, such as reporting where one has been or who one has talked to, or being willing to let one's partner look at a credit card statement or phone bill. Therapists can help couples reframe such behaviors as 'trust building' when no evidence of wrong-doing is found (Glass, 2000). Therapists should facilitate discussions about guidelines and boundaries

couples would like to have regarding acceptable interactions with others (Gordon et al., 2004). Assisting couples in establishing consistency, structure, and boundaries in their relationship will help eliminate the ambiguity that often accompanies a loss of trust and will help calm partner's anxieties about what the other might be doing while they are apart.

Re-establishing trust is not likely to occur quickly, and offending partners may become impatient with the pace of change. Therapists can normalize this and remind them that the betrayed partner may need more time for healing to occur and for trust to be rebuilt. Part of the obligation that is incurred with the infidelity is for the unfaithful partner to be patient and give the other the time and support he or she needs to heal. The image of a

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'trust ladder' can be used with clients to reinforce the idea that rebuilding trust is a process that requires moving one step at a time (Bird et al., 2007, p. 14). It can also help clients evaluate and articulate their progress in the area of trust. Consistent trustworthy behavior and accountability can help the betrayed spouse feel more emotionally safe in the relationship, which will contribute to renewed vulnerability and increased intimacy (Butler et al., 2009).

Communication

Communication represents the essential interpersonal process through which couples address issues related to safety and trust as they work toward rebuilding intimacy between them. Although intimacy is defined in a variety of ways in the literature, most definitions share a common thread: intimacy entails '*a feeling of closeness and connectedness that develops through communication between partners*' (Laurenceau, Barrett & Rovine, 2005, p. 314). Effective communication

helps repair emotional connection and rebuild intimacy for couples whose relationship has been damaged by an affair.

However, therapists may find that maladaptive communication patterns limit couples' emotional closeness and inhibit the restoration of intimacy (Gottman, 1994; Laurenceau et al., 2005). Maladaptive communication patterns may include persistent speaking with minimal listening, ineffective methods of resolving conflicts or problem-solving, unrelenting criticism, defensiveness, and mutual invalidation. Intimacy is hindered when partners ignore or invalidate each others' feelings (Gottman, 1994; Snyder, 2000). However, communication can be the primary vehicle through which couples realize their desire to be meaningfully connected through intimacy-enhancing personal disclosure and acceptance (Butler et al., 2009).

Rebuilding intimacy, including restoring safety and trust, is enhanced greatly by the effective use of communication-related interventions with couples. One aspect of helping partners establish new and effective communication with each other is to educate them on the circular nature of communication and help them become aware of the ineffective habits they have developed. When a therapist uses a circular diagram that makes explicit both partners' regular style of interacting (including their respective thoughts, feelings and verbal/non-verbal behavior), couples can gain an understanding of the interrelatedness of their behaviors and how they each participate in the fruitless cycle. Therapists can also utilize circular diagrams to help couples consider what they can do differently to avoid the communication pitfalls they commonly encounter.

In order to help couples develop new communication patterns, therapists must help couples move beyond talking about their communication to actually communicating in new ways. This can be facilitated by the effective use of enactments (Davis & Butler, 2004). Enactments are therapist-guided couple dialogue designed to promote *'healthy interaction patterns, relationship connection, intimacy,*

healing, self-reliance, problem-solving, and resolution' (Anderson, Butler & Seedall, 2006, p. 302). Mirgain and Cordova (2007) describe intimacy development as *'a process involving one partner sharing interpersonally vulnerable behavior and the other partner responding supportively to that vulnerable expression'* (p. 985). Enactments are structured to facilitate just this kind of process. With enactments, the therapist helps facilitate experiential change, not just intellectual change. Enactments allow couples to experience positive interactions in a safe environment that

as partners learn to identify and effectively communicate their emotions (Mirgain & Cordova, 2007).

However, in addition to the importance of self-disclosure, clinicians should also stress to couples that careful, compassionate listening is essential. *'For the interaction to be experienced as intimate by the speaker, the speaker must also perceive the listener's responses as demonstrating understanding, acceptance, validation, and care (i.e., perceived partner responsiveness)'* (Laurenceau et al. 2005, p. 315). Laurenceau et al. (2005) found that

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provide them with actual successes that they can build upon in situations outside of therapy.

Butler and colleagues (Butler & Gardner, 2003; Davis & Butler, 2004) provide a helpful clinical description of how to structure successful enactments with couples. Clients and therapists should carefully select a topic for discussion that is relevant to the presenting problem (infidelity), but that is not too challenging as to prevent successful interaction while learning the communication process. The therapist may direct clients to turn toward each other or move their chairs so they face each other when talking. This may raise the emotional intensity in the room, but it also opens the door for intimate connecting.

Enactments require specific effort from both the speaker and the listener. The therapist should begin by providing a thorough description of each partner's responsibility. When participating as the speaker, clients should focus on emotional self-disclosure, while avoiding accusations or criticism. In reference to self-disclosure, Laurenceau et al., (2005) report that self-disclosure between spouses significantly predicts intimacy for both husbands and wives, and the expression of emotions is a greater predictor of intimacy than the expression of facts or information. Intimacy is developed and maintained

perceived partner responsiveness predicts intimacy to an even greater extent than self-disclosure. Snyder (2000) clarifies several important elements of empathic listening that can help build and enhance intimacy. The listener must temporarily set aside his or her own perspective or agenda and focus on hearing and understanding one's partner. Empathic listening requires *'listening to the other and then reflecting the essential feelings, meanings, intentions, and desires of the other'* (Snyder, 2000, p. 40). Therapists can help the listener seek feedback (i.e., correction and clarification) from the speaker, and the couple should continue the process of verbal reflection until the speaking partner affirms that he or she feels understood. This process, when done well, leads to greater understanding and enhanced intimacy.

Enactments are intended to promote self-reliant client interaction. Therefore, after describing the speaker and listener roles, the therapist should step back and allow the clients to move forward with the topic of discussion. If needed, the therapist may interrupt the conversation and offer suggestions for more effective sharing of feelings or listening and reflecting. At the conclusion of the enactment, the therapist reviews with the clients their reflections on the process: how they felt while talking, what was successful,

and what improvements or changes could be made. If they have effectively incorporated the speaker and listener roles, they should also be prompted to reflect on how the process can be utilized in their communications outside of therapy.

Because of the intense emotions surrounding infidelity, not all couples will be prepared to engage in direct dialogue with each other. Therapists need to be mindful that safety, trust, and intimacy are not engendered by the expression of anger or other hostile emotions. Intimacy is more likely to be facilitated when clients enact vulnerable, primary emotions (e.g., pain, sadness, or fear). Therefore, it is counterproductive for therapists to encourage partners (either actively or inadvertently) to enact their anger directly towards the other. When clients have a difficult time refraining from expressions of anger or emotional attacks, therapists should adjust the process and structure of enactments to fit with the level of emotional volatility of clients (Butler & Gardner, 2003). Butler and Gardner (2003) offer a five-stage developmental model to guide therapists in tailoring enactments in accordance with a couple's ability to sustain a constructive conversation on their own. If couples are emotionally reactive and unable to effectively communicate directly with each other, communication is first channeled through the therapist. However, as soon as couples are able, the therapist should direct them to communicate more directly with each other so that they can develop the ability to communicate self-sufficiently.

Working on communication is a common intervention in couple's therapy. It can be very difficult for some couples, especially those who have a history of conflict and poor communication. However, effective communication takes time and effort, and therapists should remind clients to be patient with themselves and each other. Through the successful use of enactments, couples learn that the resolution of conflict can help them regain intimacy in their relationship. Positive communication and interaction patterns will open doors to greater closeness and connection.

Fears of intimacy

In spite of efforts to facilitate greater safety, trust and communication, therapists may find that one or both clients remain unable to make themselves vulnerable or connect emotionally. In cases when couples are having a hard time recovering or generating greater intimacy, therapists should consider the possibility that one or both partners may have a fear of intimacy. This is a common phenomenon in clients who seek couples therapy, but it may be likely that they are unaware of their fears surrounding emotional and or physical closeness. When the opportunity to grow closer arises, they may behave in ways that undermine intimacy and create distance rather than closeness.

Weeks and Treat (2001) describe several common intimacy-related fears that therapists may assess for if they sense an avoidance of intimacy in their clients. In general, these fears exist at an unconscious level. These fears of intimacy may motivate a partner to triangulate an affair partner in order to reduce the unconscious fear.

Fear of dependency

Sometimes partners feel that they must be emotionally self-sufficient and independent. In extreme cases, they may keep themselves constantly aloof from their partners, as if they do not need them at all. A fear of dependency may keep couples emotionally distant, ultimately leading partners to live relatively separate lives.

Fear of feelings

Intimacy often involves the sharing of feelings with one's partner. Self-disclosure, an important part of intimacy, might include the sharing of personal thoughts, beliefs and, especially, feelings. However, some partners have learned to fear the expression of feelings. They hide behind intellectualization, denial or rigid beliefs of what is right.

Fear of anger

Some people may suffer from a fear of anger. This may be manifest in two ways; individuals may fear their own anger toward others, and they may fear being the target of anger. Such individuals avoid getting too close

in relationships, fearing that their partner's or their own hostility and aggression may come out in destructive ways.

Fear of losing control or being controlled

Betrayed partners often report feeling a loss of control (Bird et al., 2007). This leaves them feeling insecure and uncertain about their world. They often deal with this by focusing on things that they can control in their lives. As couples work on their relationship in therapy, a fear of losing control may become a roadblock to rebuilding intimacy for some partners. Others might be inhibited by a fear of being controlled by the other.

Fear of emotional vulnerability

As described above, intimacy requires interpersonal vulnerability. Being emotionally vulnerable brings with it the possibility of being hurt (Cordova & Scott, 2001). Many clients dealing with the pain of infidelity are fearful of being reinjured. They may keep their partner at a safe distance emotionally in order to protect themselves from possible harm (Alperin, 2001), which inhibits the rebuilding of intimacy.

Fear of abandonment/rejection

Some individuals avoid intimacy and vulnerability due to a fear of being abandoned or rejected. This may be related to previous experiences of abandonment or rejection, or it may have arisen because of the feelings of abandonment and rejection associated with the infidelity.

Clients are often unaware of their fears regarding intimacy, and they may unknowingly sabotage opportunities for intimacy to grow when too much closeness occurs. When clients are having a difficult time rebuilding intimacy, therapists may use the intimacy-fear awareness technique to assess for intimacy-related fears (Weeks & Treat, 2001). Clients are asked to reflect on specific fears that they may have brought to the relationship. The therapist may help by bringing up some of the common fears described above. The therapist may point out particular fears in the couple that she he or has noticed. Careful reflection will likely reveal one

or more fears. The couple is then asked to reflect on how these fears might be interfering with the rebuilding of intimacy in their relationship as they work to recover from infidelity.

Once the particular fears are identified, therapists help couples overcome these fears and decrease their vulnerability to future problems. Therapists may first let couples know that fears of intimacy are very common. Normalizing this can invite both relief and facilitate openness to addressing their fears. Clinicians can utilize the communication principles described above to facilitate discussions between partners about what intimacy means to each of them. This can help unite partners through a deeper understanding of each other and greater empathy between them (Gordon et al., 2004). It also provides an opportunity for them to evaluate both their strengths and areas of improvement in their relationship. This can be facilitated by in-session and homework exercises intended to help couples rebuild intimacy.

Exercises for rebuilding intimacy

The intimacy program

The Intimacy Program is a method of assessment and intervention designed to help couples rebuild intimacy (Appendix A). The purposes of this intervention are to help couples: a) examine their present level of intimacy; b) develop a better understanding of their partner's definition of intimacy and any desired changes; and c) engage clients in conversations of what they can do to build greater intimacy in their relationship. Partners first fill out the worksheets independently. The worksheet is designed to invite clients to reflect on several different constructs related to intimacy and to evaluate certain areas of intimacy in the relationship. As the therapist walks through the completed worksheets with the couple, their answers provide structure and focus to the therapy sessions. It may take several sessions to go through the worksheets because of their detailed nature.

The Intimacy Program first focuses on the triangular theory of love developed by Robert Sternberg

(1986, 1997), which emphasizes three components of love: *commitment*, *intimacy* and *passion*. Therapists should recognize similarities and discrepancies in the couples' answers as an opportunity to increase understanding between partners. Particularly when there are discrepancies between partners, clinicians can help guide couples toward understanding each others' desires and exploring behaviors that can help bring couples closer together.

Following Sternberg's triangle of love, therapists focus on the couple's reflections on the *seven components of intimate interaction* (L'Abate, 1977, 1999). Therapists can facilitate a discussion of each item so that partners can develop a better understanding of each other's views. It is important that the therapist then facilitate a discussion of how to move from a focus on understanding to a focus on application. In other words, it is not enough for partners to understand where each other is coming from regarding intimacy. They need to decide what they must do to increase intimacy. As couples develop plans to work on intimacy between sessions, therapists should help them follow through by having them report on their efforts each session. Consistently following through on their plans will help couples build on the progress they experience during therapy sessions. This will lead to increased independence and self-reliance which will help them continue to grow beyond the successful completion of therapy.

Therapists can approach the *seven types of intimacy* (Shaefer & Olson, 1981) and the *eight facets of intimacy* (Waring, 1984) in a similar fashion as the seven components of intimate interaction. Therapists can utilize enactments to help facilitate open and non-defensive discussions between partners regarding their feelings and desires about intimacy. A primary focus should be on helping partners to listen empathically to each other. Couples who listen respectfully to each other will develop greater understanding that will allow them to identify ways to rebuild intimacy. As they keep their commitments, they will find that their intimacy will grow and

they will experience increased feelings of closeness and connection between them.

Aspects of intimacy

Intimacy can be understood as a multi-dimensional phenomenon, meaning that intimacy can be experienced in a number of ways in a relationship (Clinebell & Clinebell, 1970; Fife & Weeks, in press; Mosier, 2006; Schaefer & Olson, 1981; Waring, 1981). The *Aspects of Intimacy* intervention provides a useful framework for therapists and clients to discuss intimacy in a way that emphasizes its multi-dimensional nature (see Appendix B). This is often helpful for clients, as it provides them with an opportunity to enrich their previous understandings and behaviors associated with intimacy.

Therapists can employ this intervention for a number of different purposes. First, couples often are constrained by narrow definitions of intimacy. The *Aspects of Intimacy* intervention can be used to help couples broaden their definition of intimacy as they come to understand that it is made up of various interconnected aspects. Therapists can help facilitate discussions between partners about how they define intimacy and what areas are most important to each of them. It can also be utilized to help couples examine their current level of intimacy, what levels they would be comfortable with, and what changes they desire. Finally, it can be used as a springboard for a discussion between partners about what they can do to build greater intimacy between them.

Following the instructions on the handout, therapists can help clients discuss their evaluations with each other in an open, non-defensive way. Partners will likely find that some of their answers differ. However, this provides an opportunity for the couple to find out how each of them feels about intimacy, why particular aspects are important to each of them, what changes are desired, and what things can help increase feelings of closeness and connection. Clinicians should work with couples to develop specific plans for rebuilding intimacy based on their discoveries. Most couples

will find that they already have (in the present or the past) a number of intimacy-building activities in their repertoire. They may also discover new ones together.

Therapists and clients are likely to find that various aspects of intimacy are interrelated and that intimacy-building activities often have the potential to target multiple areas together. For example, we have found that having couples read together opens the door for connecting in multiple ways: communication intimacy if they talk in an open and respectful way about what they read; intellectual intimacy as they value each other's ideas and come to new understandings or insights; emotional intimacy when sharing feelings with each other; physical intimacy if there is physical contact while reading; and, perhaps spiritual intimacy if they are reading a spiritual text or spiritual feelings are evoked while reading and talking. Other activities may also bring connection and closeness in multiple areas.

Conclusion

Infidelity is a serious relationship trauma that likely causes significant damage to couples' intimacy. The treatment of infidelity, when couples desire to reconcile and stay together, is certain to include work on rebuilding intimacy. Regaining intimacy may be very challenging for couples, given the serious implications of infidelity on relationship well-being, as well as the relationship neglect that may have preceded the infidelity. Restoring safety and trust, improving communication, and addressing fears of intimacy are critical aspects of treatment with couples. Therapists may draw upon a variety of interventions to help couples through the process of rebuilding intimacy. The ideas presented in this article can help therapists tailor their work to meet the unique needs of each couple as they work through the process of healing from infidelity and rebuilding intimacy in their relationship.

References

- Agnew, C. R., Van Lange, P., Rusbult, C. E., & Langston, C. A. (1998). Cognitive interdependence: Commitment and the mental representation of close relationships. *Journal of Personality and Social Psychology, 74*, 939–954.
- Alperin, R. M. (2001). Barriers to intimacy: An object relations perspective. *Psychoanalytic Psychology, 18*, 1, 137–156.
- Amato, P.R., & Previti, D. (2003). People's reasons for divorcing: Gender, social class, the life course, and adjustment. *Journal of Family Issues, 24*, 602–626.
- Anderson, L., Butler, M. H., Seedall, R. B. (2006). Couples' experience of enactments and softening in marital therapy. *American Journal of Family Therapy, 34*, 301–315.
- Bird, M. H., Butler, M. H., & Fife, S. T. (2007). The process of couple healing following infidelity: A qualitative study. *Journal of Couple and Relationship Therapy, 6*, 4, 1–25.
- Blow, A. J., & Hartnett, K. (2005). Infidelity in committed relationships II: A substantive review. *Journal of Marital & Family Therapy, 31*, 217–233.
- Bowlby, J. (1958). The nature of the child's tie to his mother. *International Journal of Psychoanalysis, 39*, 350–372.
- Butler, M. H., Dahlin, S. K., & Fife, S. T. (2002). 'Languaging' factors affecting clients' acceptance of forgiveness intervention in marital therapy. *Journal of Marital & Family Therapy, 28*, 285–298.
- Butler, M. H., & Gardner, B. C. (2003). Adapting enactments to couples reactivity: Five developmental stages. *Journal of Marital and Family Therapy, 29*, 311–327.
- Butler, M. H., Harper, J. M. & Seedall, R. B. (2009). Facilitated disclosure versus clinical accommodation of infidelity secrets: an early pivot point on couple therapy. Part 1: Couple relationship ethics, pragmatics, and attachment. *Journal of Marital & Family Therapy, 35*, 125–143.
- Charny, I. W., & Parnass, S. (1995). The impact of extramarital relationships on the continuation of marriages. *Journal of Sex & Marital Therapy, 21*, 2, 100–115.
- Clinebell, H. J. & Clinebell, C. H. (1970). *The intimate marriage*. New York: Harper and Row.
- Cordova, J. V., & Scott, R. (2001). Intimacy: A behavioral interpretation. *The Behavior Analyst, 24*, 75–86.
- Davis, S. D., & Butler, M. H. (2004). Enacting relationships in marriage and family therapy: A conceptual and operational definition of an enactment. *Journal of Marital and Family Therapy, 30*, 319–333.
- Downey, L. (2001). Intimacy and the relational self. *The Australian and New Zealand Journal of Family Therapy, 22*, 3, 129–136.
- Erickson, E. (1950). *Childhood and society*. New York: W. W. Norton.
- Fife, S. T., Weeks, G., R., & Gambescia, N. (2007). The intersystems approach to treating infidelity. In P. Peluso (Ed.) *Infidelity: A practitioner's guide to working with couples in crisis* (pp. 71–97). Philadelphia: Routledge.
- Fife, S. T., Weeks, G. R., & Gambescia, N. (2008). Treating infidelity: An integrative approach. *The Family Journal: Counseling & Therapy for Couples and Families, 16*, 4, 316–323.
- Fife, S. T. & Weeks, G. R. (in press). Barriers to recovery of intimacy. In J. Carlson & L. Sperry (Eds.) *Recovering intimacy in love relationships: A clinician's guide*. New York: Routledge.
- Glass, S. (2000). Infidelity. AAMFT Clinical Update, 2, 1–8. Retrieved March 18, 2009 from http://www.aamft.org/asp-bin/FTRArticleLog.asp?article=CLUP22000_1_1.htm&stock_number=
- Gordon, K. C., Baucom, D. H., & Snyder, D. K. (2004). An integrative intervention for promoting recovery from extramarital affairs. *Journal of Marital and Family Therapy, 30*, 213–231.
- Gottman, J. M. (1994). *What predicts divorce: The relationship between marital processes and marital outcomes*. Hillsdale, NJ: Erlbaum.
- Humphrey, R. (1987). Treating extramarital sexual relationships in sex and couples therapy. In G. Weeks & L. Hof (Eds.), *Integrating sex and marital therapy: A clinical guide* (pp. 149–170). New York: Brunner/Mazel.
- Johnson, S. M. (2004). *The practice of emotionally focused marital therapy: Creating connection* (2nd Ed.). New York: Taylor Francis.
- Johnson, S. M., & Greenman, P. S. (2006). The path to a secure bond: Emotionally focused couple therapy. *Journal of Clinical Psychology: In Session, 62*, 5, 597–609.
- L'Abate, L. (1977). *Enrichment: Structural interventions with couples, families and groups*. Washington, DC: University Press of America.
- L'Abate, L. (1999). Taking the bull by the horns: Beyond talk in psychological interventions. *The Family Journal: Counseling and Therapy for Couples and Families, 7*, 3, 206–220.
- Laurenceau, J. P., Barrett, L. F., & Rovine, M. J. (2005). The interpersonal process model of intimacy in marriage: A daily-diary and multilevel modeling approach. *Journal of Family Psychology, 19*, 2, 314–323.

Marriage and Family Encyclopedia (2009). Retrieved March 4, 2009 <http://family.jrank.org/pages/137/Australia-Family-Trends-Long-Term-Perspective.html>

Martin, J. L., & Ashby, J. S. (2004). Perfectionism and fear of intimacy: Implications for relationships. *The Family Journal, 12*, 368–374.

Mirgain, S. A., & Cordova, J. V. (2007). Emotion skills and marital health: The association between observed and self-reported emotion skills, intimacy, and marital satisfaction. *Journal of Social and Clinical Psychology, 26*, 9, 983–1009.

Mosier, W. (2006). Intimacy: The key to a healthy relationship. *Annals of the American Psychotherapy Association, 9*, 1, 34–35.

Popovic, M. (2005). Intimacy and its relevance in human functioning. *Sexual and Relationship Therapy, 20*, 31–49.

Qu, L., & Weston, R. (2001). Starting out together through marriage or cohabitation. *Family Matters, Spring/Summer, 60*, 76–79.

Schaefer, M., & Olson, D. (1981). Assessment of intimacy: The PAIR inventory. *Journal of Marital and Family Therapy, 7*, 47–60.

Snyder, M. (2000). The loss and recovery of erotic intimacy in primary relationships: Narrative therapy and relationship enhancement therapy. *The Family Journal, 8*, 37–46.

Sternberg, R. (1986). A triangular theory of love. *Psychological Review, 93*, 2, 119–135.

Waring, E. M. (1984). The measurement of marital intimacy. *Journal of Marital and Family Therapy, 10*, 185–192.

Weeks, G. R. (1994). The intersystem model: An integrated approach to treatment. In G. R. Weeks & L. Hof (Eds.), *The marital relationship therapy casebook: Theory and application of the intersystem model* (pp. 3–34). New York: Brunner/Mazel.

Weeks, G. R., & Gambescia, N. (2002). *Hypoactive sexual desire: Integrating sex and couple therapy*. New York: Norton.

Weeks, G. R., Gambescia, N., & Jenkins, R. E. (2003). *Treating infidelity: Therapeutic dilemmas and effective strategies*. New York.

Weeks, G. R., & Hof, L. (Eds.). (1995). *Integrative solutions: Treating common problems in couples therapy*. New York: Brunner/Mazel.

Weeks, G. R., & Treat, S. (2001). *Couples in treatment: Techniques and approaches for effective practice* (2nd ed.). Philadelphia: Brunner/Routledge.

Weston R., & Qu, L. (2007). Families in Australia: Continuities and change. In E. Shaw & J. Crawley (Eds.) *Couple therapy in Australia: Issues emerging from practice* (pp. 23–47). Kew, Victoria: PsychOz Publications.

Whisman, M. A., Dixon, A. E., & Johnson, B. (1997). Therapists' perspectives of

couple problems and treatment issues in couple therapy. *Journal of Family Psychology, 11*, 361–366.

Worthington, E. L., Jr. (1998). An empathy-humility-commitment model of forgiveness applied within family dyads. *Journal of Family Therapy, 20*, 59–76.

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APPENDIX A: INTIMACY PROGRAM

I. Sternberg's Triangle of Love: (adapted from Sternberg (1986, 1997))

Do I desire a relationship that includes:

a. *Commitment:* Yes No

My notion of commitment includes: _____

b. *Intimacy:* Yes No

My notion of intimacy includes: _____

c. *Passion:* Yes No

My notion of passion includes: _____

Assuming 'Yes' on all of the above three, what level of intensity is important to you for each?

	Not very important		Somewhat important		Very important
Commitment	1	2	3	4	5
Intimacy	1	2	3	4	5
Passion	1	2	3	4	5

How do you express these three components of love in your relationship?

a. *Commitment:* _____

b. *Intimacy:* _____

c. *Passion:* _____

What does your partner perceive that you contribute to the relationship?

a. *Commitment:* _____

b. *Intimacy:* _____

c. *Passion:* _____

II. Seven Components of Intimate Interactions (adapted from L'Abate, 1975, 1977)

Using the scale below, rate your present relationship on each component of intimate interaction.

Component of intimacy	Low					High
Seeing the good: expressing appreciation, affection, and affirmation	1	2	3	4	5	6
Caring: concern about the other's welfare, happiness, needs, and feelings in a consistent and dependable way	1	2	3	4	5	6
Protectiveness: need to protect each other and their relationship	1	2	3	4	5	6
Enjoyment: being together and doing things together that are pleasurable	1	2	3	4	5	6
Responsibility: accepting responsibility for one's part in the relationship	1	2	3	4	5	6
Sharing hurt: sharing feelings of pain or suffering with each other	1	2	3	4	5	6
Forgiveness: achieved through an understanding of the other person's motivations, cherishing the goodwill that pervades the relationship	1	2	3	4	5	6

III. Seven Types of Intimacy (adapted from Schaefer & Olson, 1981)

Using the scale below, rate your present relationship on each type of intimacy.

Component of intimacy	Low					High
Emotional intimacy: experiencing a feeling of closeness	1	2	3	4	5	6
Social intimacy: having common friends	1	2	3	4	5	6
Intellectual intimacy: sharing ideas	1	2	3	4	5	6
Sexual intimacy: sharing affection and sex	1	2	3	4	5	6
Recreational intimacy: doing pleasurable things together	1	2	3	4	5	6
Spiritual intimacy: having a similar sense regarding the meaning of life	1	2	3	4	5	6
Aesthetic intimacy: sharing the experience of beauty	1	2	3	4	5	6

IV. Eight Facets of Intimacy (adapted from Waring, 1984)

Using the scale below, rate your present relationship on each facet of intimacy.

Variable of Intimacy	Low					High
Conflict resolution: how effectively conflicts are resolved	1	2	3	4	5	6
Affection: feeling of emotional closeness	1	2	3	4	5	6
Cohesion: feeling of commitment to the relationship	1	2	3	4	5	6
Sexuality: degree to which sexual needs are met	1	2	3	4	5	6
Identity: your level of self-confidence and esteem as a couple	1	2	3	4	5	6
Compatibility: the degree to which you can work and play together comfortably	1	2	3	4	5	6
Expressiveness: sharing of thoughts, feelings, beliefs in the relationship; self-disclosure	1	2	3	4	5	6
Autonomy: success in gaining independence from your families of origin and your children	1	2	3	4	5	6

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APPENDIX B: ASPECTS OF INTIMACY IN MARRIAGE

Review the list and identify the top 2–5 aspects of intimacy that are strengths for you as a couple. Also, note 2–3 areas in which you would like improvement or growth. Share your reflections with each other in an open, non-defensive way. In the areas where you both desire improvement, discuss specific steps that can be taken to increase closeness in your relationship. You will likely find that some of your answers differ. In those areas in which your partner wants improvement, seek to understand why that particular aspect of intimacy is important to them, what changes they desire, and what you can do to help intimacy grow. In areas where you are both satisfied, congratulate each other. Most successful relationships have a few (but certainly not all) core areas of intimacy that help keep the relationship strong. (Note: some items adapted from Schaefer & Olson, 1981)

Aesthetic intimacy	Sharing experiences of beauty — music, nature, art, theater, dance, etc.
Communication intimacy	Connecting through talking. Keeping communication channels open. Listening to and valuing your spouse's ideas.
Conflict intimacy	Facing and struggling with differences together. Using resolution of conflict to grow closer together.
Creative intimacy	Experiencing closeness through acts of creating together. Sharing expressions of love in creative ways.
Crisis intimacy	Developing closeness in dealing with problems and pain. Standing together in tragedies. Responding together in a united way to pressures of life such as working through problems, raising a family, illness, aging, etc.
Emotional intimacy	Feeling connected at an emotional level. Being in tune with each other's emotions; being able to share significant meanings and feelings with each other, including negative feelings.
Financial intimacy	Working together to balance differing attitudes about money. Developing a unified plan for budgeting, spending, and saving. Having shared financial goals.
Forgiveness intimacy	Apologizing to each other. Asking for forgiveness. Asking your spouse, "What can I do to be a better husband/wife?"
Friendship intimacy	Feeling a close connection and regard for one another as friends.
Humour intimacy	Sharing through laughing together. Having jokes between the two of you that only you share. Making each other laugh. Enjoying the funny side of life.
Intellectual intimacy	Experiencing closeness through sharing ideas. Feeling mutual respect for each other's intellectual capacities and viewpoints. Sharing mind-stretching experiences. Reading, discussing, studying together.
Parenting intimacy	Sharing the responsibilities of raising children, including providing for their physical, emotional, and spiritual needs. Includes working together in teaching and disciplining them as well as loving them and worrying about their welfare.
Physical intimacy	Closeness and sharing through physical touch. Experiencing your physical relationship (including sexual intimacy) with joy, fun, and a sense of becoming one. Being open and honest with each other in terms of desires and responses.
Recreational intimacy	Experiencing closeness and connection through fun and play. Helping each other rejuvenate through stress-relieving and enjoyable recreation together.
Service intimacy	Sharing in acts of service together. Growing closer as a couple as you experience the joy that comes from giving to others.
Spiritual intimacy	Discovering and sharing values, religious views, spiritual feelings, meaning in life, etc.
Work intimacy	Experiencing closeness through sharing common tasks, such as maintaining a house and yard, raising a family, earning a living, participating in community affairs, etc.